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Correspondence

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Applications & Payments

Guaranteed Education Tuition
P.O. Box 84824
Seattle, WA 98124-6124

STUDENT BENEFICIARY CHANGE FORM

GET Account Number _____

REQUIRED New Student's Family Relationship to Current Student _____

Reason for Change Request _____

	Current Student	Purchaser
Name	_____	_____
Social Security Number	_____	_____
Street Address / Apartment Number	_____	_____
Post Office Box Number	_____	_____
City / State / Zip Code	_____	_____
E-mail Address	_____	_____
Telephone Number(s)	_____	_____

	New Student	<u>REQUIRED SIGNATURE</u>
Name	_____	<i>I certify under penalty of perjury that my designated New Student is the Current Student's family member, as set forth in the Internal Revenue Code, Section 529, and that all the foregoing information is true and correct.</i>
Social Security Number	_____	
Birth Date AND Benefit Use Year	_____	
Street Address / Apartment Number	_____	
Post Office Box Number	_____	
City / State / Zip Code	_____	Purchaser's Signature
E-mail Address	_____	Date
Telephone Number(s)	_____	

Notary Section

State of _____
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____ Signature _____
(Seal or Stamp) Title _____

My appointment expires _____

Committee Members

Ruta Fanning, Chair
Interim Executive Director, Higher Education Coordinating Board

Elizabeth Stecher Berendt
Citizen Member

Michael J. Murphy
State Treasurer



Marty Brown
Director, Office of Financial Management

Mooi Lien Wong
Citizen Member

The GET Program is administered by the Higher Education Coordinating Board